

MHN

## United States District Court, Northern District of Illinois

Name of Assigned Judge or Magistrate Judge	Ronald A. Guzman	Sitting Judge if Other than Assigned Judge	
CASE NUMBER	08 C 847	DATE	2/19/08
CASE TITLE	John V. Norris # 07-5989 v. Keith Jones		

**DOCKET ENTRY TEXT:**

Plaintiff is given until March 19, 2008, either to file an *in forma pauperis* application on the enclosed form with the information required by § 1915(a)(2) or to pay the full \$350 filing fee. If Plaintiff takes no action by that date, the court will dismiss the complaint without prejudice. The clerk is directed to send Plaintiff an *in forma pauperis* application along with a copy of this order. The clerk is further directed to send a copy of this order to the trust officer at Will County WCF.

[ For further details see text below.]

Docketing to mail notices.

**STATEMENT**

Plaintiff filed this case without either paying the filing fee or seeking leave to proceed *in forma pauperis*. Effective April 26, 1996, the Prison Litigation Reform Act ("PLRA") significantly changed the procedures in prisoner litigation brought without prepayment of the filing fee. This Court requires that persons seeking leave to file *in forma pauperis* file their motions on a prescribed form. LR 3.3. The form requires inmates to obtain a certificate stating the amount of money they have on deposit in their prison or jail trust fund account. Plaintiff did not use the prescribed form, did not submit the six month trust account statement and did not have the motion certified by an authorized officer at the jail.

To enable the court to make the necessary initial assessment of the filing fee, Plaintiff must submit the required *in forma pauperis* form, and also "submit a certified copy of the trust fund account statement (or institutional equivalent) for the prisoner for the 6-month period immediately preceding the filing of the complaint or notice of appeal, obtained from the appropriate official of each prison at which the prisoner is or was confined." 28 U.S.C. § 1915(a)(2).

If Plaintiff wishes to proceed with this case *in forma pauperis* he must file an *in forma pauperis* application on the form required by the rules of this court together with a certified copy or copies of his trust fund statements reflecting all activity in his accounts in the immediately preceding six-month period.

If Plaintiff takes no action by March 19, 2008, the court will dismiss the complaint without prejudice. Plaintiff remains liable for the full \$350.

02/19/08 11:31 AM 2008

Courtroom Deputy  
Initials:

ste

10/10/2007

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Plaintiff \_\_\_\_\_

v.

CASE NUMBER \_\_\_\_\_

Defendant(s) \_\_\_\_\_

JUDGE \_\_\_\_\_

*Wherever  is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:*

I, \_\_\_\_\_, declare that I am the  plaintiff  petitioner  movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application  to proceed without full prepayment of fees, or  in support of my motion for appointment of counsel, or  both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Question 2)

I.D. # \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_

Do you receive any payment from the institution?  Yes  No Monthly amount: \_\_\_\_\_

2. Are you currently employed?  Yes  No

Monthly salary or wages: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

a. If the answer is "No":

Date of last employment: \_\_\_\_\_

Monthly salary or wages: \_\_\_\_\_

Name and address of last employer: \_\_\_\_\_

b. Are you married?  Yes  No

Spouse's monthly salary or wages: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? *Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.*

a. Salary or wages

Yes

No

Amount \_\_\_\_\_ Received by \_\_\_\_\_

b.	<input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount _____ Received by _____		
c.	<input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount _____ Received by _____		
d.	<input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount _____ Received by _____		
e.	<input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount _____ Received by _____		
f.	<input type="checkbox"/> Any other sources (state source: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount _____ Received by _____		
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Total amount: _____		
	In whose name held: _____ Relationship to you: _____		
5.	Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Property: _____ Current Value: _____		
	In whose name held: _____ Relationship to you: _____		
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Address of property: _____		
	Type of property: _____ Current value: _____		
	In whose name held: _____ Relationship to you: _____		
	Amount of monthly mortgage or loan payments: _____		
	Name of person making payments: _____		
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Property: _____		
	Current value: _____		
	In whose name held: _____ Relationship to you: _____		
8.	List the persons <u>who are dependent on you for support</u> , state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here <input type="checkbox"/> No dependents		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: \_\_\_\_\_ Signature of Applicant  
\_\_\_\_\_  
(Print Name)

---

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.  
I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.  
(Add all deposits from all sources and then divide by number of months).

---

DATE \_\_\_\_\_ SIGNATURE OF AUTHORIZED OFFICER \_\_\_\_\_  
\_\_\_\_\_  
(Print name)